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(FILE 'HOME' ENTERED AT 14:54:21 ON 27 FEB 2004)

FILE 'REGISTRY' ENTERED AT 14:55:02 ON 27 FEB 2004
E FOLINIC ACID/CN

L1 3 S E3-E6

FILE 'CAPLUS' ENTERED AT 14:57:47 ON 27 FEB 2004

L2 2380 S L1

L3 94 S L1 AND (INFECT? OR VIRUS OR VIRAL OR HIV OR AIDS)

L4 26 S L3 NOT PY>=1995

FILE 'USPATFULL' ENTERED AT 15:06:13 ON 27 FEB 2004

L5 1605 S FOLINIC(W)ACID OR LEDERFOLINE OR LEUCOVORIN OR RESCUVOLIN OR

L6 373 S L5(S) (HIV OR VIRUS OR VIRAL)

L7 1 S L6 NOT PY>=1995

L8 2 S L5 AND NYCE

L9 2 S L6 NOT PY>=1999

L10 411 S L5(S) (CANCER OR ANTI(W)CANCER)

L11 34 S L10 NOT PY>=1995

FILE 'MEDLINE' ENTERED AT 15:20:30 ON 27 FEB 2004

L12 386 S L11

L13 38 S L10(S) (LUNG)

L14 23 S L13 NOT PY>=1995

L14 ANSWER 23 OF 23 MEDLINE on STN
 ACCESSION NUMBER: 80089711 MEDLINE
 DOCUMENT NUMBER: 80089711 PubMed ID: 6985825
 TITLE: Combination chemotherapy with cyclophosphamide, adriamycin, intermediate dose methotrexate, and **folinic acid** rescue (CAMF) in advanced lung cancer.
 AUTHOR: Robert F; Omura G; Bartolucci A A
 SOURCE: CANCER, (1980 Jan 1) 45 (1) 1-5.
 Journal code: 0374236. ISSN: 0008-543X.
 PUB. COUNTRY: United States
 DOCUMENT TYPE: (CLINICAL TRIAL)
 Journal; Article; (JOURNAL ARTICLE)
 LANGUAGE: English
 FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
 ENTRY MONTH: 198003
 ENTRY DATE: Entered STN: 19900315
 Last Updated on STN: 19900315
 Entered Medline: 19800324

AB Combination chemotherapy appears superior to single-agent therapy in treating a wide variety of tumors. Encouraged by this data, we conducted a pilot study using cyclophosphamide, adriamycin, intermediate dose methotrexate and **folinic acid** rescue (CAMF) in patients with advanced lung cancer. Forty-eight patients with unresectable tumors were entered on this trial, and treated with 500 mg/m2 intravenously administered cyclophosphamide, 50 mg/m2 intravenously administered adriamycin, 40--200 mg/m2 orally administered methotrexate (4 doses/24 hrs), and 5 mg orally administered folinic acid (6 doses/36 hrs); this regimen was repeated every three weeks if tolerable. There were 43 patients evaluable for toxicity and 34 (non-small types) for response. The major toxicities were myelosuppression and nausea and vomiting. The overall response rate (complete and partial responses) was 29.4% (10/34) and in 13 patients (38%), the disease was stabilized. Those responding had a median survival time of 10.5 months versus 4 months for nonresponders. Patients in whom the disease was stabilized had a median survival time of 8 months. CAMF is a well-tolerated drug combination with promising results in patients with advanced lung cancer.

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